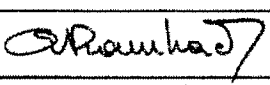


| | | |
|--|------------------------|-------------------|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application No. | 10/528824 |
| | Filing Date | March 23, 2005 |
| | First Named Inventor | Alain Rambach |
| | Group Art Unit | 1657 |
| | Examiner Name | Clark D. Petersen |
| | Attorney Docket Number | 15675P658 |

| | |
|---|---|
| I hereby revoke all previous powers of attorney given in the above-identified application: | |
| <input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with Customer Number: 08791 | |
| <input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: 08791 OR | |
| <input type="checkbox"/> Firm or Individual Name | BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Address | 12400 Wilshire Boulevard, 7th Floor |
| Address | |
| City | Los Angeles |
| State | California |
| Zip Code | 90025 |
| Country | U.S.A. |
| Telephone | (310) 207-3800 |
| Fax | (310) 820-5988 |
| I am the: <input checked="" type="checkbox"/> Applicant. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under of 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i> | |
| SIGNATURE of Applicant or Assignee of Record | |
| Name | Alain Rambach |
| Signature |  |
| Date | 19-April-2007 |
| <small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small> | |
| <input type="checkbox"/> *Total of _____ forms are submitted. | |